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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA


KIMBERLY ALLEN, Personal)
Representative of the Estate of TODD) Case No. 3:04-CV-0131-JKS
ALLEN, Individually, on behalf of)
the Estate of TODD ALLEN, and on) PLAINTIFF'S FOURTEENTH
behalf of the Minor Child, PRESLEY) SUPPLEMENTAL DISCLOSURE
GRACE ALLEN,)
)
Plaintiff,)
)
vs.)
)
UNITED STATES OF AMERICA,)
)
Defendant.)
)

Plaintiff, by and through her counsel of record, Friedman, Rubin & White, hereby supplements her initial disclosures as follows:

- Southcentral Foundation records for Todd Allen, Bates-stamped SCF-1 through SCF-26.

FRIEDMAN RUBIN & WHITE
Counsel for Plaintiffs

DATED: 6/12/07

By: 

Donna J. McCready

Alaska Bar No. 9101003

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing was () hand delivered () faxed
☒ e-mailed ☒ mailed on the 12th day of June 2007 to:

Gary M. Guarino
Assistant U.S. Attorney
Office of the U. S. Attorney
222 W. 7th Ave., #9
Anchorage, AK 99513-7567

FRIEDMAN, RUBIN & WHITE

By: 

Debbie Traver

W:\Allen v. USA\DISC\Supplemental Disclosure (14) (070612).doc

Southcentral Foundation
Behavioral Services Division
4501 Diplomacy Drive
Anchorage, Alaska 99508
907-729-4991

ATTENTION
PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse consumer. Federal regulations state that any person who violates any provisions of this law shall be fined not more than \$500, in the case of a first offense and not more than \$5,000 in the case of each subsequent offense.

Southcentral Foundation – Behavioral Services
4501 Diplomacy Drive, Anchorage, Alaska 99508

Authorization to Release Health Information

Administration Ph #: (907) 729-4991 Fax #: (907) 729-4934 Fireweed Program Ph #: (907) 729-2500 Fax #: (907) 729-5188
 Primary Care Ctr. Ph #: (907) 729-2500 Fax #: (907) 729-4270 Dena A Coy – Willas Way Ph #: (907) 729-5070 Fax #: (907) 729-6316
 Quiana Clubhouse Ph #: (907) 729-6550 Fax #: (907) 278-6657 The Pathway Home #: (907) 729-5020 Fax #: (907) 729-5027
 Elder's Program Ph #: (907) 729-6500 Fax #: (907) 729-6520 Early Head Start Ph #: (907) 729-6170 Fax #: (907) 729-6171
 Head Start CSM Ph #: (907) 729-6100 Fax #: (907) 729-6160 Therapeutic Group Home #: (907) 729-6370 Fax #: (907) 569-0175
 Transitional Living Ph #: (907) 729-6385 Fax #: (907) 729-5017 RAISE Program Ph #: (907) 729-5015 Fax #: (907) 729-5017

Name of person whose information is to be released: Todd Andrew Allen	Date of Birth: 3-30-67	Social Security #: 574-48-4274
Name of Parent or Legal Guardian, if applicable: (required for minors) Kimberly Ann Allen	Parent/Guardian Contact Information: 644-0485(home)(cell) 223-8728	

I authorize Southcentral Foundation – Behavioral Service Division to Release Information To:

Person/Organization: **Kimberly Allen**
 Address: **8011 Rovenna**
 City/State/Zip Code: **Anchorage AK 99574 99518**
 Main Phone Number/Fax Number: **(907) 644-0485(home) 223-8728(cell)**

Description of Specific Information to be disclosed: (INITIAL all that apply)

<input checked="" type="checkbox"/> Behavioral Urgent Response (BURT)	<input checked="" type="checkbox"/> Laboratory/Radiology Reports	<input checked="" type="checkbox"/> Summary of Attendance
<input checked="" type="checkbox"/> Discharge Summary	<input checked="" type="checkbox"/> Medication Lists	<input checked="" type="checkbox"/> Summary of Participation
<input checked="" type="checkbox"/> FAS/FASD Assessment	<input checked="" type="checkbox"/> Neuropsychological Assessment	<input checked="" type="checkbox"/> Transfer Summary
<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Nursing Assessments	<input checked="" type="checkbox"/> Treatment Plan
<input checked="" type="checkbox"/> Immunization Records	<input checked="" type="checkbox"/> Psychiatric Assessment	<input checked="" type="checkbox"/> Treatment Plan Review
<input checked="" type="checkbox"/> Intake Assessments	<input checked="" type="checkbox"/> Psychological Assessment	
<input checked="" type="checkbox"/> Other: letter regarding treatment		

I authorize the release of the following sensitive information by initialing below: (INITIAL all that apply)

☐ HIV/AIDS ☐ Drug/Alcohol Treatment and/or Diagnosis ☒ Mental Health Treatment and/or Diagnosis

Service Date Range of records requested, if applicable: _____

Specific purpose of this release of information: (INITIAL all that apply)

☐ Coordination of Care ☒ Personal Use ☒ Legal Use ☐ Emergency Contact ☐ Other: _____

I understand that I am not required to sign this form to receive services. I understand that I have the right to cancel this authorization in writing at any time except to the extent that information has already been released. I understand that I may request a copy of this authorization. I understand that a photocopy/fax of this authorization is as valid as the original. I understand that health information released, if covered by federal law 42 C.F.R. Part 2 (Alcohol & drug abuse records); will continue to be protected by law from re-disclosure. I understand that information only covered by HIPAA (45 C.F.R. Parts 160 & 164) is subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Act. I understand that there may be a fee for copying associated with this request. I hereby authorize the use or disclosure of the health information as listed and described above.

This authorization will expire (date): **6/30/07**

Signature of Client/Patient/Student, (if minor and 12 yr+, client should sign)

Signature Date

Kimberly Allen Personal Rep of the Estate of Todd Allen **6/7/07**

Signature of Parent/Legal Guardian, if applicable

Signature Date

Thomasine Joseph

6/7/07

Signature of Witness

Signature Date

REVOCACTION SECTION: This section should NOT be completed when the authorization is initially signed. This section should only be completed if the client wishes to revoke authorization. I hereby request that this authorization to release information be revoked; effective on the date of my signature below.

Signature of Client/Patient/Student

Signature Date

NOTICE TO RECIPIENT - PROHIBITION OF RE-DISCLOSURE: This information has been disclosed to you from records that may be protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Office Use Only: ☐ Released Records on: _____ ☐ Method: ☐ Picked Up ☐ Mailed ☐ Faxed to: _____ Initials: _____ ☐ File Only

Revised 05/03/07

SCF 2

Discharge Summary

Name: Todd Allen
DOB: 3/30/67
Date of admission: 8/2/02
Date of discharge: 2/3/03
Date of report: 2/3/03

Reason for discharge: TX plan complete

Summary list of the treatment or services provided to the recipient: PT seen in
IT for stressors secondary to a MVA wherein he was
a pedestrian struck by vehicle. Physical pain, legal
stressors, employment, family.

Summary of the course and effectiveness of treatment: Client processed material easily and able to be
not overwhelmed by significant stressors.

Diagnosis at discharge: 309.81 PTSD

A summary of the referrals and/or recommendations made at discharge: lose power letter for attorney to resolve legal
problems

Additional comments: _____

Signature and credentials: Mark Pitt MSW

INTAKE/COMPREHENSIVE MENTAL HEALTH ASSESSMENT

Identifying information:

Name:	TODD Allen		
DOB:	Date(s) of assessment:		
Address:	5303 E 30th		
Phone:	337-8895 / work 907-834		
Parent(s)/Legal Guardian(s):			
Age:	35	Sex:	M
Marital Status:	M	Ethnicity:	Allet
Referral Source:	AMHC		
Reason for Referral:	Depression;		

Consumer/guardian statements of presenting problems/concerns:

I was hit by a car in 1999

Brief history/symptoms of presenting problem:

Main head and facial trauma 2° to being hit by car; numerous reconstructive surgeries. Lost law suite - Now has major financial crisis; lost temple & wife - charged - domestic violence on 7/22/02.

Social History [relevant to mental health issue(s)]:

Main emotional trauma since being hit by car in 1999; loss of legal battle in 3/02. Under much stress since marriage in June 2002 / Domestic violence charge on 7/22/02

Current living arrangement:

Lives w/ wife before domestic violence charge.

Family Composition:

Guardianship Issues:	
Quality of relationships with family members:	lost temple & wife - DV charge.
Quality of relationships with peers:	

Pt. will obtain "deferred Prosecution" if he complies w/ agreement, psychotherapy, marital therapy, and Anger Management. - per attorney Bob Woolf. SCF 4

Relevant Social History:	Yes	No	Elaboration of History:
Family Hx of Mental Illness/Alcoholism	✓		
Sexual Abuse		✓	
Physical Abuse/Domestic Violence	✓		Nuclear family
Significant Family Background Issues		✓	
History of Violence		✓	
Adequate Support Systems	✓		
Legal Involvement	✓		
Other Losses/Trauma			Major head and facial trauma hit by car.
Additional Data			

Work/Education (functioning/success):

11th grade

Medical Problems (active/recurrent):

Numerous reconstructive surgeries of face and jaw; Chronic pain.

Psychiatric/CD treatment history:

Is there a current or past psychiatric diagnosis?

No

Yes

Please document current/previous treatment:

Facility/City/State	IP/OP	Dates	Reason/Diagnosis	Care Provider	Outcome
Remarks:					

Current Medications

Medication	Dose/Frequency	Prescribed by	Reason	Taking as Prescribed?
Oxycodone		Dr Freeman	Chronic jaw pain	yes.
Valium		"	"	
Ibuprofen		"		

Past Medications

Medication	Dose	Dates Used	Reason Prescribed	Reason Discontinued
Unknown				

Substance use/abuse history:

	Yes	No		Yes	No		Yes	No
Barbiturates			LSD/Mushrooms			Other Stimulants		
Benzodiazapines			Marijuana			Other hallucinogens		
Cocaine			Nicotine					
Crack			Caffeine					
Heroin			OTC Drugs					

Substance	Age of first use	Current frequency	Amount of current use	Last use	Withdrawal symptoms
			NO		
History of blackouts, DTs, DWI's:					

Developmental history:

Prenatal Hx/Complication	Yes	No	Other
Alcohol/Drug use			
Postnatal Hx/Complication			
Developmental Milestones/Delays			
Attachment/Abandonment Issues			
Other			

MENTAL STATUS EXAM

Appearance	Appropriate	Inappropriate	Other Description:	
Attitude:	Cooperative	Guarded	Suspicious	Uncooperative
Mood:	Euthymic	Depressed	Sad	Anxious
	Angry	Happy	Liable	Euphoric
Affect:	Congruent	Flat/Blunted	Constricted	Bright
	Expansive	Sad	Good Eye Contact	Poor Eye Contact
Speech:	Normal	Loud	Pressured	Soft
	Slurred	Excessive	Persevering	
Motor Activity	Normal	Agitated	Retarded	Tremors/Tics
Orientation:	Intact - OX4	Impaired		
Thought Process:	Logical	Tangential	Flight of Ideas	Loose Associations
Thought Content:	Appropriate	Hallucinations	Delusions	Paranoia
	Persecutory	Suspiciousness	Suicidal	Homicidal
	Helplessness	Hopeless	Worthless	
Insight	Low	Average	High	
Judgement	Intact	Impaired	Minimal	
Cognitive Functioning	Gen'l Knowledge Intact		Impaired	

Lisp 2° to loss of Teeth.

Additional Observations:

Pl has become progressively hopeless and helpless since his major head and face trauma are since the loss of his law suite - leaving him financially destitute.

Clinical Impressions:

Post Traumatic Stress & Depression as to Above Trauma; lost temper & wife leaving to DV charge. -

Diagnostic Impressions:

Axis I	PTSD 309.81 / Depression Distal NOS 311		
Axis II:			
Axis III:	Major head and facial Trauma / SP reconstruction surgery.		
Axis IV:	Marital Problem 2 & financial stress.		
Axis V:	GAF (current)	70	GAF (past)

Does the consumer meet the diagnostic/social/behavioral criteria for expanded services?

Yes	No	Explain:
	X	

Adult (Role of functioning impairment must be assessed in at least 2 of 3 areas to qualify.)

Yes	No	
		I. Inability to function independently in the role of worker, student, or homemaker
		II. Inability to engage independently in personal care or community living activities.
		III. Inability to exhibit appropriate social behavior, resulting in intervention by the mental health or Judicial system.

Child (A check before each numbered category below qualifies the child for extended services.)

Yes	No	
		I. The child was disabled prior to the age of 18 and is currently under 21.
		II. The child exhibits severe behavioral, emotional, or social disabilities that disrupt the child's educational or developmental progress.
		III. The child is at risk for out of home placement or is placed out of home.
		IV. The child's disabilities cannot be attributed solely to intellectual, physical, or sensory deficits.
		V. The child frequently requires intensive collaborative treatment by an inter-agency team.

Problem Summary List:

- Major physical Trauma to head and face
- The need for more reconstructive surgery.
- Major Financial Crisis

Strengths/resources:

Intelligent / Motivated

Cultural identification/implications for treatment:

Services the family wants:**Clinic**

<input type="checkbox"/>	CI Crisis Intervention	<input type="checkbox"/>	GT Group TX
<input checked="" type="checkbox"/>	IT Individual TX	<input checked="" type="checkbox"/>	PA Psychiatric Assessment
<input checked="" type="checkbox"/>	FT Family TX		PTE Psychological Testing/Evaluation
	PM Pharmacological Management		

Rehab

<input type="checkbox"/>	CM Case Management	<input type="checkbox"/>	CI Crisis Intervention
<input type="checkbox"/>	ISD Individual Skill Development Scvs		RSS Recipient Support Services
<input type="checkbox"/>	GSD Group Skill Development Scvs		FA Functional Assessment
<input type="checkbox"/>	FSD Family Skills Development		DT Day Treatment Services
<input type="checkbox"/>	MA Medication Administration		

Recommendations:**Prognosis:**

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	Qualifier/Comments	
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Clinician's signature, credentials, and date: Helmut G. Krueger MD PhD

Interim treatment plan (optional):

Initial Treatment Problem:

Initial Treatment Goal(s):

Service Modality:

Intervention(s):

Frequency:	
Duration:	
Direct Service Provider:	
Location:	

*For additional goals, use blank goal sheets from treatment plans.

Clinician's signature, credentials and date: _____

INTAKE/COMPREHENSIVE MENTAL HEALTH ASSESSMENT

Identifying information:

Name: Todd Allen
 DOB: 3/30/67 Date of assessment: 8/16/02
 Address: 5303 East Anch. AK 99508
 Phone: 337-8895
 Parent(s)/Legal Guardian: _____

Current Status:

Age: 35 Sex: M Marital status: M Ethnicity: AK Native
 Living Situation: own place
 Referral Source: Court/lawyer Reason for Referral: Court ordered counseling
 Other: for "stress management"

Consumer/guardian statements of presenting problems/concerns: The client is ordered into counseling by the court system following an incident of Domestic Violence during stressful period involving physical injury, and medical complications, and legal proceedings.

Current History/Symptomology: Client was struck by a car in 1999 and has physical impairments (namely face/jaw related) which have altered his life significantly; including vocation, financial stress, repeated hospitalization/rehabilitation, chronic pain, powerful medication(s), and stress regarding legal insurance claims. Reports he lost his temper with his wife and became aggressive. Reports ~~his~~ couple recovered and sought to dismiss charges, but prosecuted by state. The client reports a plea agreement of attending "14 sessions of stress management" in order to have D.V. charges dismissed.

Social History [relevant to mental health issue(s)]:

Current living arrangement: Client reports overwhelming medical fees and having to represent self in medical insurance (ANMC) IHS coverage for services and procedures. Also, recently lost law-suit case for damages and having stress over appealing case.

Family Composition: Client & wife. 0 children involved.

Guardianship Issues: 0 N/A
 Quality of relationships with family members: Good
 Quality of relationships with peers: Good

Relevant Social History:	Elaboration of History:
Family Hx of Mental Illness/Alcoholism <input checked="" type="radio"/> Yes <input type="radio"/> No	Family hx of ETOH abuse.
Sexual Abuse <input type="radio"/> Yes <input checked="" type="radio"/> No	
Physical Abuse/Domestic Violence <input checked="" type="radio"/> Yes <input type="radio"/> No	x 1
Significant Family Background Issues <input type="radio"/> Yes <input checked="" type="radio"/> No	
History of Violence <input type="radio"/> Yes <input checked="" type="radio"/> No	
Adequate Support Systems <input checked="" type="radio"/> Yes <input type="radio"/> No	Close family + social supports
Legal Involvement <input checked="" type="radio"/> Yes <input type="radio"/> No	Insurance & lawsuit cases open
Other Losses/Trauma <input checked="" type="radio"/> Yes <input type="radio"/> No	Head and Facial trauma: hit by car

Additional Data: _____

Work/Education (functioning/success): _____

Medical Problems (active/recurrent): Numerous reconstructive surgeries
chronic pain

Psychiatric/CD treatment history:

Is there a current or past psychiatric diagnosis? ☒ No ☐ Yes Define: _____
 Please document current/previous treatment:

Facility/City/State	IP/OP	Dates	Reason/Diagnosis	Care Provider	Outcome

Remarks: _____

Current Medication				
Medication	Dose/ Frequency	Prescribed by	Reason	Taking as Prescribed?
Oxycontin			Pain	yes
Valium			↓	
Ibuprofen				

Remarks: _____

Past Medication				
Medication	Dose	Dates Used	Reason Prescribed	Reason Discontinued

Remarks: _____

Substance use/abuse history:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Inhalents	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Cocaine/crack	<input type="checkbox"/> Barbituates	<input type="checkbox"/> Benzodiazapines
<input type="checkbox"/> Heroin	<input type="checkbox"/> Other sedatives/hypnotics	<input type="checkbox"/> LSD/Mushrooms
<input type="checkbox"/> Other hallucinogens	<input type="checkbox"/> Caffeine	<input type="checkbox"/> Nicotene
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Other stimulants	<input type="checkbox"/> Other amphetamines
<input type="checkbox"/> OTC Drugs	<input type="checkbox"/> Other	

Substance	Age of first use	Current frequency	Amount of current use	Last use	Withdrawal symptoms

History of blackouts, DTs, DWIs: _____

Developmental history:Prenatal Hx/Complication: ☐ Alcohol/Drug use ☐ Other: Ø

Postnatal Hx/Complication: _____

Check/add other areas of concern and explain:

Developmental Milestones/Delays _____

Attachment/Abandonment Issues _____

Other _____

Explain: _____

MENTAL STATUS EXAM

					Other Description:
General Appearance:	<u>Appropriate</u>	Inappropriate			
Attitude:	<u>Cooperative</u>	Guarded	Suspicious	Uncooperative	
Mood:	Euthymic	<u>Depressed</u>	Sad	Anxious	
	Angry	Happy	Liable	Euphoric	
Affect:	Congruent	<u>Flat/Blunted</u>	Constricted	Bright	
	Expansive	Sad	Good Eye Contact	Poor Eye Contact	
Speech:	<u>Normal</u>	Loud	Pressured	Soft	
	Slurred	Excessive	Persevering		
Motor Activity	<u>Normal</u>	Agitated	Retarded	Tremors/Tics	
Orientation:	Intact or Impaired: Person/Place/Time/Situation				
Thought Process:	<u>Logical</u>	Tangential	Flight of Ideas	Loose Associations	
Thought Content:	<u>Appropriate</u>	Hallucinations	Delusions of Grandiosity	Paranoia	
	Feelings of persecution	Suspiciousness	Suicidal/Homicidal ideation	Helpless/ Hopelessness/ Worthlessness	
Insight:	High	<u>Average</u>	Low		
Judgement:	<u>Intact or Impaired:</u>	Minimal	Moderate	Severe	
Cognitive Function:	General Knowledge <u>Intact</u>	Impaired			

Additional Observations: Client reports his wife may benefit from having individual or joint sessions to process stress.

Clinical Impressions: The client's severe and life-altering injuries combined w/ extreme financial burden of medical expenses combined w/ very stressful meetings representing himself w/ insurance and medical professionals advocating for services, combined w/ very stressful lawsuit, unexpected defeat, and risk mounting legal fees considering appeal, have controlled the client's life for almost three years, and will continue indefinitely.

Diagnostic Impressions:

Axis I 309.81 PTSD . 311 Dep-D/O NOS
 Axis II No Dx
 Axis III Major head & facial trauma 1999. Chronic pain
 Axis IV Marital problems 2° stress
 Axis V GAF (current) 70 GAF (past year) _____

Does the consumer meet the diagnostic/social/behavioral criteria for expanded services?

Yes _____ No

Eligibility Summary:

Adult

- ____ I. Inability to function independently in the role of worker, student, or homemaker.
 ____ II. Inability to engage independently in personal care or community living activities.
 ____ III. Inability to exhibit appropriate social behavior, resulting in intervention by the mental health or judicial system.

Child

- ____ I. The child was disabled prior to the age of 18 and is currently under 21.
 ____ II. The child exhibits severe behavioral, emotional, or social disabilities that disrupt the child's educational or developmental progress.
 ____ III. The child is at risk for out of home placement or is placed out of home.
 ____ IV. The child's disabilities cannot be attributed solely to intellectual, physical, or sensory deficits.
 ____ V. The child frequently requires intensive collaborative treatment by an interagency team.

Problem Summary List:

Financial Stressors
Loss of physical functioning
Chronic Pain
Ongoing reconstructive surgery
Legal pressure (Lawsuit)
Legal pressure (Domestic Violence)

Strengths/resources:

Intelligent
Articulate
Resilient
Excellent stress management skills
Good support system

Cultural identification/implications for treatment: None indicated

Services the family wants:

Clinic

CI-Crisis Intervention ____ FT-Family Therapy ✓ GT-Group Therapy ____
 IT-Individual Therapy ✓ PM-Pharmacologic Management ____ PA-Psychiatric Assessment ____
 PTE-Psychological Testing and Evaluation ____

Rehab

GSD-Group Skill Development Services ____ CM-Case Management ____
 DT-Day Treatment Services ____ RSS-Recipient Support Services ____
 FSD-Family Skills Development ____ CI-Crisis Intervention ____
 MA-Medication Administration ____ FA-Functional Assessment ____
 ISD-Individual Skill Development Services ____

Remarks: _____

Recommendations:

*Client is court-ordered for "14" sessions.
 Rx that Ind or couple's or Ind's wife all count toward
 satisfying "14" session mandate.*

Prognosis: ☐ Excellent ☒ Good ☐ Fair ☐ Poor

Comment/Qualifier *Client appears to utilize Tx process
 very well and appears to have significant sx reduction from
 session(s).*

Clinician's signature, credentials, and date

Mark J. Smith MSW 8/16/02

INTERIM TREATMENT PLAN

Preliminary problem identified: Overwhelming stressors

Initial treatment goal(s): Identify / name individual stressors

Service Modality: IT

Intervention(s): Discussion / Supportive

Frequency: PRN (Client works out of town often)

Duration: "14" sessions per court order

Direct service provider: Mark Sutton

Location: BHS

*For additional problems, use treatment plan addendum.

Clinician's signature, credentials and date: Mark Sutton, MSW 8/16/02

INITIAL PSYCHIATRIC ASSESSMENT

Identifying information:

Date: 8.2.02 DOB: 3.30.1967

Name: TODD ALLEN

Parent(s)/Guardian(s): _____

Historical data reviewed by reporter: Intake Report ☐ Other ☒ Interview

Current status:

Age: 35 Sex: M Marital status: M Ethnicity: AIEN

Living Situation: Lives w wife

Referral Source: self Reason for Referral: _____

Other: _____

Presenting problem (consumer/guardian statements and clinical impressions):

"In 1999 I was struck by a vehicle and my world came to an end"; LOST LAW SUITE in MARCH 2002; feels increasingly overwhelmed. Feels he was at fault; guilt, enormous financial stressors; recently changed domestic violence toward wife. S/P numerous reconstruction surgeries.

Psychiatric History:

FAMILY:

Description of Family

Both on Cordova. village at Tocklick; Parent living; left for architectural school in Arizona (Arizona Institute of technology)

Medical (Pt)

Major Head trauma followed by numerous reconstruction surgeries since 1999. Chronic Pain Syndrome of face, jaw, headaches has required prescribed oxycodone.

Mother - chemistry.

Father - alcoholism; Diabetic.

Family - much domestic violence.

Revised 11/99

Alcoholism.

1 of 4

SCF 17

Psychiatric/Mental Health

- In the attempted suicide.

Drug and Alcohol

"Everyone in the family drank"

PATIENT:

Medical

- Major head and facial trauma - 1959 - followed by numerous reconstructive surgeries;
- Chronic jaw and facial pain; severe headaches;
- on prescribed oxycontin.

Developmental History

Unknown

Medication

Ibuprofen
oxycodone
Valium

Dr. Freeman ATMC

Psychiatric/Mental Health

Reactive depression x 3 years following
collision car.

Drug and alcohol

occasional Alcohol; denies alcohol and
illicit drug abuse.

Social history

- 11th grade HS → enrolled in Arizona Tech. - Architecture;
- worked at TCC in Volney as laborer;
- married ~~3 times~~ - ~~divorced~~ - 1st time 8th.
- Major financial stresses since having lost low-skill.
- charged = Domestic Violence 7.22 - jailed - he and wife ~~have~~
come to an agreement.

Mental status exam:

Aleut, cooperative; pleasant; oriented x 3; facial scars and disfigured
jaw is evident; feels hopeless, helpless, clearly overwhelmed
by financial burdens; Pt. has a lisp - he lost all teeth;
denies suicidal or homicidal ideation.

Clinical summary:

Pl. e major head trauma (1995); numerous reconstructive surgeries; lost law suite in 3/2002 - No. has major financial consequences, chronic pain; recent loss of temper w/ wife leading to domestic violence charges. - meet, to be seen in counseling to have "deferred prosecution"

PTSD 309.81

Diagnosis:

Axis I

Axis II

Axis III

Axis IV

Axis V

Depressive Disorder NOS 311

S/P Major head and Face Trauma

Marital conflict

GAF (current) 60-76

GAF (past year)

Psychiatric problem list:

Depressive Disorder 20 to major financial setback;

Consumer strengths and resources:

Intelligent; motivated.

Recommendations:

Psychotherapy

marital therapy.

Pharmacotherapy: - PAXIL 20mg. qd.

Prognosis:

good.

Psychiatrist or Nurse Practitioner signature and credentials:

Edward G. Kramer MD MS

MASTER TREATMENT PLAN

CLINIC / ADULT REHAB CHILD REHAB

Intake Date: 8/16/02

Treatment plan review due date: 11/30/02
Date 90-day comprehensive review done (for clinic / adult rehab):

Client Name: Todd Allen Date of Plan: 8/30/02 From To 8/30/03

Assessments reviewed: Psychiatric Evaluation, Intake interview
Additional eval/assessment needed:

Diagnosis: PTSD & Relational problem Related to a Medical Condition Current GAF score 70

Problem #1: Overwhelming stress as manifested by: extreme medical expenses, self-advocacy to insurance/medical professionals, stressful lawsuit (expenses) & appeal, chronic pain, LTG:

Objectives:

- #1: Identify all pertinent stressors: prioritize & prioritize
- #2: Identify aspects of self, relationships, etc that are controllable
- #3: Learn self-soothing including relaxation/breath techniques of pain management
- #4: Reinforce cognitive perception of decision-making for long term goals
- #5: Reinforce marital relationship as team work & future building.

Obj#	Service Modality	Intervention(s)	Frequency	Duration	Location	Direct Service Provider	Projected Resolution Date	Actual Resolution Date
1	IT	21, 26	PRN	"14" sessions	BHS	Mark Sutton	8/03	
2	IT/FT	21, 23, 26, 28						
3	IT	"						
4	IT/FT	"						
5	FT	"						

SCF 21

Problem#2: _____ as manifested by: _____

LTG:

Objectives

#1

#2:

#3:

#4:

#5:

[illegible]

Service Modalities:

Clinic

IT-Individual Therapy

IT- Individual Therapy
 FT- Family TherapyFI-Family Therapy
GT-Group TherapyGI- Group Therapy
CI- Crisis Intervention

PA-Psychiatric Assessment

PM-Pharmacologic Management

PTE- Psychological Testing and Evaluation

FLYING

Rehab

FA-Functional Assessment

ISD-Individual Skill Development Services

CM-Case Management

CM-Crisis Intervention

CI-Crisis Intervention
MA-Medication Administration

RSS-Recipient Support Services

FSD-Family Skills Development

DT-Day Treatment Services

GSD-Group Skill Development Services

Interventions: (Describe in progress note the activity that was conducted from within these therapeutic frameworks)

Interventions
20 Referral

20 Referral
21 Discussion

21 Discussion

22 Play Therapy

32 Skill Building

33 Parenting Skills

34 Psychoeducation

35 Desensitization

36 Linkage to Services

37 Community Support

38 Other:

Revised 1/26/00

2 of 3

Criteria for moving to less intensive services or discharge criteria:

Recipient/Parent/Guardian participation comments (If active involvement is not possible, state reasons for lack of participation):

Team Members' signatures, credentials and date:

Person	Title	Credentials	Date
<i>Mark Smith</i>	<i>Chairman</i>	<i>MSW</i>	<i>8/30/02</i>

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Southcentral Foundation

8/12/02

Dear Mr. Woofter,

I am writing you today regarding your client, Todd Allen. I was able to locate his chart and review the psychiatric evaluation he conducted with Dr. Kramer, M.D. the information in the evaluation appears consistent with that presented in your letter: that the client has experienced financial and emotional crisis since his debilitating accident in 1999. Your letter also refers to "stress management counseling". While there is no stress management curriculum per say, the life altering events described are typical of those motivating persons to seek counseling; whether the issues be of unresolved loss of physical functioning, career, relationship difficulties or any number of complications to adjustment, coping and problem solving. In which case Mr. and Mrs. Allen appear to be appropriate candidates for counseling services, and may benefit from processing their experiences and identifying realistic adjustments to their lives.

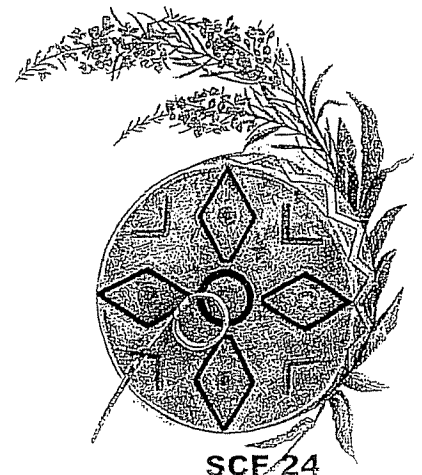
I will be glad to work with them during their difficult transition if they choose to pursue therapy; either individually or in relationship counseling. I'll look forward to hearing from them in order to arrange an assessment and treatment planning session. I can be reached at 265-4220.

Sincerely,



Mark Sutton, MSW

4501 Diplomacy Drive • Anchorage, Alaska 99508
(907) 729-4955 • Fax (907) 729-5000





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TELEPHONE
(907) 279-8657
FACSIMILE
(907) 279-5534

August 1, 2002

Via Facsimile
(907) 265-4233

Val Central Foundation
Behavioral Health Services
Attn: Mark Sutton, Counselor

Re: Todd A. Allen
Case No. 3AN-M02-6316 CR

Dear Mr. Sutton,

I am Todd Allen's lawyer in the aftermath of an incident involving him and his wife Kimberly Allen, which is alleged to have happened on or about July 21, 2002. I have put forth a proposal to Municipality of Anchorage assistant prosecutor Nicholas Spiropoulos, for a deferred prosecution, subject to Mr. Allen fulfilling certain conditions, the most important of which would be his completion of his stress management therapeutic counseling. As I write this letter, I understand that no release has been executed, and that your agency cannot even acknowledge that Mr. Allen has done a telephonic intake and is due to complete intake assessment in person on August 2, 2002. Nevertheless, I believe Mr. Allen will execute the necessary release when he is there on the 2nd.

I would appreciate a short letter faxed directly to Mr. Spiropoulos, with a copy to me. Mr. Spiropoulos can be faxed at 274-6689. Before Mr. Spiropoulos can properly consider or approve stress management counseling, as opposed to the more commonly used anger management counseling, he needs a more detailed understanding of "the curriculum." My understanding, from speaking with counselor Laura Hensley of your agency, is that while there is no specific curriculum for stress management counseling, there is one-on-one therapy, i.e. individualized treatment, which could also involve marital counseling, specifically tailoring your counseling services to the Todd Allen family situation better than group sessions in anger management would. If you are able to assure Mr. Spiropoulos that it is not a "lightweight" substitute for anger management, and if it could be specified in the contract between Mr. Allen and the Municipality of Anchorage as part of the deferred prosecution, that Mr. Allen would remain in therapy until the counselor decided that the goals of diffusing marital tensions and giving Mr.

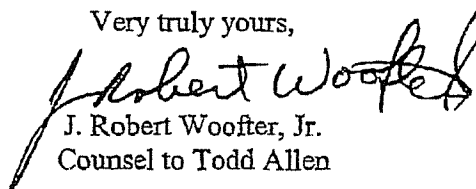
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Allen the tools to deal with financial and other relationship stressors within the family, that would help ensure a deferred prosecution, which would in turn, be better for Mr. Allen and the Allen family finances.

On the other hand, if the stress management is simply left as an open ended situation where Mr. Allen could simply quit at any time it was inconvenient for him or he chose to, I doubt that the Municipality would approve of making the stress management counseling the linchpin of the deferred prosecution agreement.

I would greatly appreciate hearing from you on August 2 or 9, 2002, because I will be gone from my office on a long-planned trip from August 5 through August 8, 2002, and Mr. and Mrs. Allen would very much like me to have resolved this matter with the municipal prosecutor as soon as possible.

Very truly yours,



J. Robert Woofter, Jr.
Counsel to Todd Allen

cc: Nicholas Spiropoulos
274-6689